

# Exhibit B

## Office of the Minnesota Secretary of State Certification of Record

I, Steve Simon, Secretary of State of Minnesota, do certify that: The filing(s) listed below were filed in the Minnesota computerized/central filing system on the date(s) listed below and that the copies associated with this certification are a true and complete copy of those filings as filed in that system.

**Filing(s) filed on:**

<u>Filing Date</u>	<u>Filing Type</u>	<u>Filing Number</u>
08/27/2019	Original Filing - Nonprofit Corporation (Domestic)	1098510100027
08/28/2019	Registered Office - Nonprofit Corporation (Domestic)	1098686500024
09/10/2019	Dissolution - Nonprofit Corporation (Domestic)	1099427800020

This certificate has been issued on: 01/19/2022



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota

## Office of the Minnesota Secretary of State Certificate of Incorporation

I, Steve Simon, Secretary of State of Minnesota, do certify that: The following business entity has duly complied with the relevant provisions of Minnesota Statutes listed below, and is formed or authorized to do business in Minnesota on and after this date with all the powers, rights and privileges, and subject to the limitations, duties and restrictions, set forth in that chapter.

The business entity is now legally registered under the laws of Minnesota.

Name: Justice For Evee Organization

File Number: 1098510100027

Minnesota Statutes, Chapter: 317A

This certificate has been issued on: 08/27/2019



Steve Simon  
Secretary of State  
State of Minnesota

**Office of the Minnesota Secretary of State**  
**Minnesota Nonprofit Corporation/Articles of Incorporation**  
*Minnesota Statutes, Chapter 317A*



The individual(s) listed below who is (are each) 18 years of age or older, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE 1 - CORPORATE NAME:**

**Justice For Evee Organization**

**ARTICLE 2 - REGISTERED OFFICE AND AGENT(S), IF ANY AT THAT OFFICE:**

Name

Address:

**Amber F Kelley**

**Catelin B Clobes**

**Angela Gallagher-Stow**

**Jessica K Moen-Baker**

**14581 Grand Ave. Burnsville MN 55306 USA**

**ARTICLE 3 - INCORPORATOR(S):**

Name:

Address:

**Catelin B Clobes**

**P.O. Box 545 Howard Lake MN 55349**

**Jessica K Moen-Baker**

**6164 Kennedy's Landing Rd Silver Bay MN 55614**

**Angela Gallagher-Stow**

**4553 Aldrich Ave N. Minneapolis MN 55412**

**Amber F Kelley**

**2720 Autumn Woods Dr Chaska MN 55318**

**DURATION: PERPETUAL**

If you submit an attachment, it will be incorporated into this document. If the attachment conflicts with the information specifically set forth in this document, this document supersedes the data referenced in the attachment.

***By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.***

**SIGNED BY: Amber F Kelley**

**MAILING ADDRESS: 2720 Autumn Woods Dr. Chaska MN 55318**

**EMAIL FOR OFFICIAL NOTICES: [info@justiceforevee.org](mailto:info@justiceforevee.org)**



**Work Item 1098510100027**  
**Original File Number 1098510100027**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
FILED  
**08/27/2019 11:59 PM**

A handwritten signature in black ink that reads "Steve Simon".

Steve Simon  
Secretary of State

**Office of the Minnesota Secretary of State**  
**Notice of Change of Registered Office/Registered Agent**  
*Minnesota Statutes, Section 5.36*



**ORGANIZATION NAME: Justice For Evee Organization**

**REGISTERED OFFICE OR AGENT CHANGES:**

Name

Address:

**Amber F Kelley**

**Catelin B Clobes**

**Angela Gallagher-Stow**

**Jessica K Moen-Baker**

**14581 Grand Ave. Burnsville MN 55306 USA**

If the business entity has changed their agent or the registered office address, this change was authorized by a resolution approved by the affirmative vote of a majority of the governing body of the business entity as required by Section 5.36, Subd. 3. If the agent has changed their name or their address, then a copy of the change has been sent to the business entity or their legal representative as required by Section 5.36, Subd. 5. In compliance with Section 5.36, the address of the registered office and the address of the business office of the registered agent(s) are identical.

***By typing my name, I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.***

**SIGNED BY: Amber F Kelley**

**EMAIL FOR OFFICIAL NOTICES:**

**info@justiceforevee.org**

**Agricultural Status: Does this entity own, lease or have any financial interest in agricultural land or land capable of being farmed? No**



**Work Item 1098686500024**  
**Original File Number 1098510100027**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
FILED  
**08/28/2019 11:59 PM**

A handwritten signature in black ink that reads "Steve Simon". The signature is written in a cursive, flowing style.

Steve Simon  
Secretary of State

## Office of the Minnesota Secretary of State Certificate of Dissolution

I, Steve Simon, Secretary of State of Minnesota, do certify that: Articles of Dissolution for the entity listed below have been filed with the Office of the Secretary of State of Minnesota on this date, pursuant to the requirements of the chapter of Minnesota Statutes listed below. Therefore, the entity is hereby dissolved and its corporate existence is terminated as of the date listed below.

Name: Justice For Evee Organization

File Number: 1098510100027

Minnesota Statutes, Chapter: 317A

Effective Date of Dissolution: 09/10/2019

This certificate has been issued on: 09/10/2019

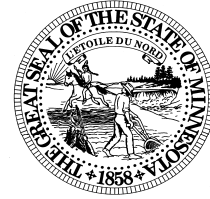


A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota



**Office of the Minnesota Secretary of State**  
**Minnesota Nonprofit Corporation | Articles of Dissolution**  
*Minnesota Statutes, Chapter 317A.711*



Read the instructions before completing this form.

Filing Fee: \$55 for expedited service in-person and online filings, \$35 if by mail

Nonprofit Articles of Dissolution under *Minnesota Statutes*, section 317A.711 can only be used to dissolve a nonprofit corporation that has NOT named its first Board of Directors.

1. Name of Corporation: (Required)

Justice For Evee Organization

2. Date of Incorporation: (Required)

August 28, 2019

3. The first Board of Directors has NOT been named in the Articles of Incorporation or appointed pursuant to the Articles of Incorporation, or elected at an organizational meeting of the corporation.

4. No debts remain unpaid.

5. This amendment has been approved pursuant to *Minnesota Statutes*, Chapter 317A.

6. Check one of the Applicable Sections below: (Required)

☐ Notice to the attorney general required by section MSA317A.811 has been given and the waiting period has expired or been waived by the attorney general.

☒ Section 317A.811 is not applicable.

7. Authorized Signature(s) by the Majority of Incorporators or by an Authorized Agent. (Required)

I, the undersigned, certify that I am signing this document as the person whose signature is required, or as agent of the person(s) whose signature would be required who has authorized me to sign this document on his/her behalf, or in both capacities. I further certify that I have completed all required fields, and that the information in this document is true and correct and in compliance with the applicable chapter of Minnesota Statutes. I understand that by signing this document I am subject to the penalties of perjury as set forth in Section 609.48 as if I had signed this document under oath.

Amber Kelley

9/10/2019

Signature of Authorized Person or Authorized Agent

Date

Amber Kelley - Authorized Agent

Print Name and Position

**Email Address for Official Notices**

Enter an email address to which the Secretary of State can forward official notices required by law and other notices:

info@justiceforevee.org

☒ Check here to have your email address excluded from requests for bulk data, to the extent allowed by Minnesota law.

List a name and daytime phone number of a person who can be contacted about this form:

Amber Kelley

952-200-2056

Contact Name

Phone Number



**Work Item 1099427800020**  
**Original File Number 1098510100027**

STATE OF MINNESOTA  
OFFICE OF THE SECRETARY OF STATE  
FILED  
**09/10/2019 11:59 PM**

A handwritten signature in black ink that reads "Steve Simon". The signature is written in a cursive, flowing style.

Steve Simon  
Secretary of State